

## Other Parent Information

A separate form is required for the other parent(s) of each child who needs services.						
Parent's Full Name (First, Middle, Last, Suffix):						
Social Security Number:  Sex:		□ Male		Date of Birth: //		
Home Phone (include area code):		Cell Ph	Cell Phone (include area code):			
Mailing Address:					Country:	
City:	State: Z	lip code:	Driver Licens	se Number:	Issuing State:	
Employer:			Employer Ac	Employer Address:		
Employer City:	Employer State:		Employer Zip	Employer Zip:		
Other Names Known By:						
Height:  Hair Color:  Eye Color:  Other Identifying Features (scars, tattoos, or birth marks):						
Race: 🗆 Asian 🗆 Black 🛛 Hispanic 🗖 White 🗖 Native American 🗖 Other 🗖 Unknown						
List this parent's children (or possible children) included in this application. Please complete a separate Child Information form for each child listed.						
Child's Full Name (First, Middle, Last, Suffix):		Child's Numbo	s Social Security er:	This Parent's Relationship to the Child (Mother or Father):		
Parent's citizenship: US Other Country:			Is this parent a member of a Tribal Association? □ Yes □ No Tribe Name:			
Is this parent in jail or prison? $\Box$ Yes $\Box$	No If yes, wher	re?				
Is this parent in the military?						
Is this parent disabled?						

 Social Security number disclosure is mandatory based on Title 42 United States Code sections 666(a)(13), 653a, and 654a(e), and on section 409.2577, Florida Statutes. We collect social security numbers for child support purposes. For more information go to www.floridarevenue.com/pages/privacy.